Substitute for form PTO/SB/08A	Complete if Known		
INFORMATION DISCLOSURE	Application Number	10/532,632	
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Examiner Initials*	Cite No.	Document Number Number-Kind Code	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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/E.B./		WO 2005/086444	09-2005	Thomson Licensing S.A.		
/E.B./		WO 2005/074171	08-2005	Qualcomm Incorporated		

Examiner Signature	/Emmanuel Bayard/	Date Considered	07/10/2007
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^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.